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BIOLOGICAL SOCIETY—EXPERIMENTAL PHYSIOLOGY.

Report upon the Physiological Action of Bromide of Potassium, established by Experiments upon Animals. By Dr. W. LABORDE, *Paris.*

TRANSLATED EXPRESSLY FOR THIS JOURNAL, BY WALTER HAY, M.D., ASSOCIATE EDITOR.

IN 1864, at the time when the initiative of my regretted preceptor, M. le Dr. Debout had just awakened in France attention to the *Bromide of Potassium*, certain experiments made upon myself with a view to determine the physiological ction of this substance upon man, demonstrated to me that the large doses, extolled by M. le Dr. Puche, physician to L'Hospital du Midi, and by his internes MM. Rames and Huette were far from possessing all the innocence, which they were induced to attribute to them. I resolved thence, in order to determine the physiological and toxic effects of this compound, to submit it to the test of experiment upon animals. I believe that I have obtained upon this subject results which deserve some attention, and which I desire to submit to the appreciation of the society.

I have prepared for the purpose two of my principal experiments, of which I shall make my colleagues the witnesses. I shall thence confine myself for the moment to the deduction from these experiments, and the recording of essential conclusions which are implicitly contained therein.

Exp. 1.—Into a vigorous frog (*Rana Viridis*), I introduced through the interdigital membrane of each paw 15 centigrammes of *Bromide of Potassium* (in all 30 centigrammes). For this purpose I make use of a process which I have already described; that is to say, that after having previously stretched the interdigital membrane I have applied the crystals of *Bromide of Potassium* in their natural state, taking care to pour upon these crystals some drops of water, in order to facilitate their solution and absorption; this is very rapid, moreover, and five minutes after the commencement of the experiment, the effects of the *Bromide* began to manifest themselves. The animal left to itself, executes, in its place, spontaneous and apparently convulsive movements; then the posterior paws remain inert and extended, presenting a certain flaccidity which does not seem any longer to permit the tonic flexion of the limb, which characterizes the normal flexion of the limb when in repose.

If one or the other of these paws is excited either by simply pinching, or by pricking, or by the aid of the electric current, the animal reacts, at first very feebly against these irritants, and soon, that is to say, after a quarter of an hour or twenty minutes, it no longer reacts at all, whatever may be the degree of irritation, which may be carried even to tearing, to crushing, or to section.

The same state of affairs is observed in the anterior members, but at a somewhat more advanced period of the intoxication it is seen to extend itself likewise to the two eyes, for the irritation of the cornea and the sclerotic provokes, only with great difficulty, the closure of the lids.

However, at the very moment when the phenomena of reactional impossibility commence to manifest themselves, the

animal executes, under my observation, certain partial spontaneous movements several times repeated.

The movements of the flank, which at the beginning presented a noticeable acceleration, underwent, soon afterward, a progressive retardation. They ceased completely three-quarters of an hour after the commencement of the experiment. At this moment the collapse is complete, and the animal is in a state of apparent death; every motor or voluntary manifestation is abolished. The frog being now turned over violently upon its back, reacts only by certain fibrillous trembling (*tressaillements fibrillaires*), which are habitually the last manifestations of a frog which is definitely given up to death.

If we now open the chest, we observe that the heart continues to perform its functions rythmically, if not with the normal number of pulsations. These continue, however, although decreasing progressively for nearly two hours.

Exp. II.—In a frog of medium strength, but very lively, we have, as a preliminary step, ligated the artery of the left paw, taking care not to include the nerve in this ligature. We have next placed upon the interdigital membrane of the posterior paw of the right side, 15 centigrammes of the *Bromide of Potassium*, moistening the crystals with some drops of water. Absorption has been rapid since it has been accomplished in less than five minutes; nevertheless the action of the chemical agent is slower than usual in manifesting itself, by reason, probably, of the inferiority of the dose, which, however, has appeared to us sufficient for the subject of the experiment.

The frog, left to itself, manifested already, as we perceive, a certain degree of agitation with evident rigidity of the dorsal columns; it effects some very vigorous leaps, then is only able to move its paws on the spot. Soon the right posterior paw remains relaxed and almost inert, whilst the left paw (protected by the ligature from the action of the *Bromide*), preserves its tonic flexion; but this last does not long delay permitting itself to be placed, like the other, without reaction,

in a state of passive elongation. The animal, nevertheless, performs, at intervals, energetic spontaneous movements.

About twenty minutes have passed since the absorption of the substance. If the extremity of one or the other posterior paws be pinched, the animal at first only reacts very feebly upon one side equally as upon the other. Soon, however, a bistoury may be plunged successively in the two members, in such a manner as to traverse them thoroughly, without producing the least reactional movement neither to the right nor to the left; the same condition exists in the anterior extremities. At the same time, the movement of the flank is perceived to lessen progressively. The animal is prostrated, and yet he originates from time to time voluntarily movements in the whole of his members. If the nerve of the left paw, which is exposed by the side of the litigated artery, be touched, or especially be pinched or pricked, it effects vigorous motor efforts in the limb of that side—the same thing occurs exactly in the paw of the opposite side.

To prevent any possibility of voluntary impulse, we rapidly decapitate the frog. Universal tremors follow this operation. When tranquility is re-established in the trunk of the animal, every species of irritation of the peripheral organs, whatever may be its violence, extorts no reactional response; the denuded nerve, directly excited, continues to provoke muscular contractions.

Moreover, the spinal marrow, touched or irritated in its canal, with a very fine and very sharp stylet, affords at first very distinct evidences of the preservation of its normal excitability, for all the limbs of the animal are simultaneously agitated by violent and jerking movements exactly resembling those of a wooden jumping-jack, when its string is pulled; if the irritation is maintained during a certain period, the limbs remain in a state of tonic, and, as it were, a tetanic contraction; but the phenomenon exhausts itself soon, without the possibility of being reproduced. The normal excitability of the cord hardly exists for a quarter of an hour under these circumstances, and it appears to diminish progressively from

below upwards, that is to say, the excitability of the cords persists a longer time in its superior regions, in which it still gives evidence of its existence after it appears to be completely extinct in the lumbar.

From these experimental facts, which, repeated a great number of times, have given constant results, we are permitted to conclude:

1. That the *Bromide of Potassium*, introduced into the animal organism by the natural physiological channels, exercises a predominant action over the nervous system in general, and more particularly over the *sensori-motors* of the reflex order by implicating simultaneously the central organ of the elaboration of these phenomena, that is to say, the spinal cord, and the peripheral sensitive nervous expansions.

2. That this action is reflected only secondarily upon the organs and the functions of *voluntary motion* (the brain and nervous conductibility and mobility).

3. That muscular contractility appears to be respected by the *Bromide of Potassium*, and the contractility of the heart, in particular, persists after the manifestations which betray the influence of this salt upon the other organs and functions are produced; the heart, in fact, is the *ultimum moriens* in the bromic intoxication; from which it results, that it would have been entirely erroneous to consider the *Bromide of Potassium* as a cardiac poison.

Experimental Studies upon the Physiological Action of Bromide of Potassium. *By* MARTIN DAMOURETTE and PELVET.

The experiments of MM. Martin Damourette and Pelvet have been made upon the frog, the rabbit, and birds (swallows, pigeons and magpies); the phenomena produced have been the same with different animals, but it is upon the rabbit that they can be most easily analyzed. Moreover, the results obtained upon batrachians are those which the authors report in a more detailed manner.

Experiments upon Frogs. The processes employed have been gastric ingestion, application to the extremity of a paw, and injection into the hypodermic cellular, by means of the syringe of Baraz. The injections have been made in three principal regions: in the groin, in the axilla, and in the back, in the flank, and under the sternum. The medium dose resulting frequently, although not constantly, in the death of the animal, were from 3 to 5 centigrammes. Moreover, the authors employed weak doses, followed always by recovery (from 5 to 25 milligrammes), and strong doses invariably faalt (from 5 to 10 centigrammes).

A. *Effects of small doses.* The frog becomes quiet; it seems seems to forget to breathe. By the least stimulation it begins to breathe and to jump; then it relapses into the same calm. The duration of the intoxication varies from six to twenty-four hours.

B. *Effects of medium doses.* Pain at the level of the place of injection, trembling in the neighboring muscles, then enfeeblement of motion, and of sensibility in the vicinity at the end of five or ten minutes, and generally at the end of twenty to forty minutes. It is important to distinguish here the effects of imbibition for those produced by absorption. Muscular irritability is extinguished for a few minutes in the muscles of the regions injected, whilst in the more distant muscles, and those upon which absorption only has acted, it persists after the loss of excitability of the nerves and of the cord.

The motor excitability of the nerves survives this sensibility, and that of the cord (contrary to the opinion of M. Laborde and of MM. Eulenbourg and Guttman), persists even when the nerves have lost their properties. Finally the properties of the cord are abolished in their turn.

From the beginning of the intoxication the frog slumbers. The encaphalon, therefore, undergoes the action of the *Bromide* like the rest of the nervous system. The respiratory movements cease ordinarily a little after the voluntary movements, that is to say, from ten to thirty minutes after an

injection into the grain, and from five to fifteen minutes after an injection into the flank or back.

The diminution of the capillary circulation characterized by the retardation of the course of the blood in the vessels of the interdigital membrane is a constant phenomenon; it commences after about five minutes in the interdigital membrane of the injected side, where it attains its greatest intensity, extending itself thence after ten to forty minutes to the membrane of the other side, and throughout the entire capillary network; it precedes the retardation of the cardiac pulsations which supervenes from the instant that the movements become enfeebled, and the respiration arrested.

The heart is the *ultimum moriens;* it has continued to beat many hours after the spinal cord, the nerves and the muscles had ceased to respond to all irritations. MM. Eulenbourg and Guttman were, therefore, wrong in considering the *Bromide of Potassium* as a double poison—of the heart first, and afterwards of the spinal cord.

C. *Effects of strong doses.* The same spmptoms as in the preceding cases, only with more intensity and rapidity. In some cases the cessation of the heart's action supervenes prematurely, (before the loss of the excitability of the nerves and spinal cord, and muscular irritability). Moreover, congestion of the capillary network may be observed replacing the anemia, which was constant with weak and medium doses.

Experiments upon birds and animals.—By the subcutaneous injection into the groin, or axilla, of four grammes in the rabbit, of sixty centigrammes in the pigeon, and of ten centigrammes in the sparrow, we have—

1. Paralysis of sensation and of motion, commencing in the rejected limb, and continuing throughout.

2. Diminution of temperature. At first, of the injected part, and afterward of the whole body. Frequent and even bloody urination.

3. Respiration at first disturbed, only arrested when all the other parts are paralyzed; its suspension appeared to be the

cause of death, and marks its precise moment; it ensues with the rapidity of lightning in birds.

The authors next devote themselves to a detailed analysis of *Bromium* upon each of the systems and organic apparata; and draw therefrom interesting therapeutic deductions. We refer for these to the originals.

NOTE.—Effects somewhat similar to the above are manifested upon the application of *Aqua Ammonia* to the spinal column (cutaneous surface) of *rana viridis*. The application of a few drops of the liquid is followed by vigorous motion on the part of the animal, occasioned, undoubtedly by the pain. These manifestations are succeeded by immediate and complete loss of contractility, both voluntary and reflex, in the posterior extremities, which extends itself gradually upward along the cord, involving, subsequently, the anterior members, which, in the interval, continue to manifest voluntary contractility for several minutes: respiration and circulation failing last of all. TRANSLATOR.

Experimental Physiology—Vaccine and Quinine.

There were presented to the Academy of Sciences (Paris), at a recent meeting, two communications upon two subjects closely allied, for they are both closely allied with the study of the infinitesimal, which is, at this time, pursued with so much ardor—the nature of virus, and the antiseptic properties of certain agents of the Materia Medica.

In a work relating to microzoa and microphytes in the genesis and evolution of diseases, a work whose whose publication we have been compelled to suspend in consequence of the weekly obligations of the *Gazette Médicale*, but which we will still soon resume, we have have shown the tendency of certain minds to attribute to the presence of these microscopic beings in the blood and in the fluids of the organism, the cause and origin of virulent and zymotic affection. This opinion appears even to grow and to be recruited by new adherents, for daily abroad as well as in France, we observe the discovery of animal or vegetable parasites in the pathological products of infectious or contagious diseases.

We may state especially, since the first communication of

which we have spoken refers to vaccine, that the German observers MM. Schurtz, Hallier et Zürn, have found mycrophytes in vaccina pustules. Must we conclude thence that the action of vaccine is due to the presence of parasites, just as, according to the investigations of M. Davaine, Bacteria constitute the virulent agent in carbon? This would not appear to result from the experiments, of which M. Chaveau has communicated the results to the Academy of Science.

The learned physiologist of Lyons has separated by dialysis the different elements which constitute vaccine, and has endeavored to determine, experimentally, which one among them is necessary in order to secure the successful inoculation of the vaccine. He has, therefore, isolated and inoculated separately—1st, the albuminous serosity; 2nd, the white globules; 3rd, the solid, molecular granulations suspended in the serosity.

The two first series of experiments have given negative results; the granulations alone, even when suspended in ten times their volume of water, have produced legitimate vaccine.

M. Cl. Bernard, who was charged with the presentation to the Academy of this work of M. Chauveau, added that it had been established that the virulent agent of other virus resides in the solid granulations.

What is the nature of these granulations? Would the partizans of animated pathology be authorized to recognize in them living germs, eggs or sporules? The question is not yet susceptible of solution, and demands further investigation. However, this may be, and without reference to the animist or mysterious explanation which has been given of the nature of virus, we find always presented to us, three hypotheses. Some, indeed, locate the virulent action, not in one of the elements of the liquid, but in the entire liquid, which has sustained simply isomeric modification; others attribute it to living microscopic organisms, whose presence they have discovered; and lastly, it would result from the paper of M. Chauveau, and from the confirmation which it has received from M. Claude Bernard, that it is in the solid granulations

that the agent of virulence must be sought. Light upon all these points is needed.

The second communication presented to the Academy by M. Pasteur, in behalf of a professor of Bonn, is more nearly related to the order of ideas which we suggested at the commencement. It relates to the antiseptic properties of the *Salts of Quinine.* These properties must be very energetic, a proportion of one twenty thousandth of *Chlorohydrate of Quinine* will suffice to kill kolpodes and all the paramecea of an infusion. On the other hand, the *Quinine* will act upon the white globules of the blood by arresting the motion with which they are endowed, and by diminishing their number. This may be a new mark of analogy between the white globules of the blood and certain animalculæ to which they have been compared. M. Pasteur does not appear to differ widely from the opinion which considers these globules as microzoa, and it must be recognized, if this fact is generally admitted, that it would constitute by no means the least of the conquests which the doctrine of animated pathology may be permitted to hope for.

NOTES AND OBSERVATIONS IN GENERAL PRACTICE.

BY JOHN FORMAN, M.D., EDINBURGH.

Paper III.—Uterine Diseases.

Case 1. *Menorrhagia.* Mrs. G——; aged 23 years; short stature, pale and thin; mother of three children—youngest fifteen months old; catamenia reappeared five months ago. The case came under my care April 5th, 1868, when she stated that she had been under treatment for profuse menorrhagia for upwards of three months without benefit—her excessive catamenia continuing from ten to fourteen days every month, which had reduced her general strength very

considerably, and made her nervous and irritable. She slept badly, had sick headache, and impaired appetite.

A speculum examination revealed both lips of the *os uteri* hypertrophied, gaping, and surrounded with prominent granulations, extending into the cervical canal, which bleed freely when touched. The sound did not detect any polyphoid or other tumor in the uterus, which was exquisitely tender, felt relaxed, and bled freely from the internal wall. The uterus was injected with a weak solution of perchlorlide of iron to check the hæmorrhage. On the following day, a solution of nitrate of silver, two grains to the ounce of water, was injected, the granular portion of the os and cervix uteri painted over with acid, nitrate of mercury, and painted over once a week; the nitrate of silver injection every four days; the vagina daily injected with a solution of alum. She took acetate of lead and opium pills, and a tonic mixture, containing quinine and chloride of iron.

Her menorrhagia ceased, the catemania becoming normal five weeks after the first injection of nitrate of silver, which was repeated four times. The morbid condition of the *os* and *cervix uteri* disappeared shortly afterwards. The acid, nitrate of mercury was applied thereto, when solid nitrate of silver was lightly applied twice a week until cicatrization was completed. The alum solution used daily to cleanse the vagina, and avoid the accumulation of muco-purulent matter. A piece of lint with a tape attached soaked in the same liquid, and introduced into the vagina, to prevent undue irritation of the walls.

Remarks.—This is an example of a numerous class of patients, which are ever and anon coming under the notice of the practitioner of medicine, and I may add that menorrhagia, with or without ulceration of the *os uteri*, combined more or less with leucorrhœa, is one of the most distressing uterine ailments, which assail the gentler sex. Apart from the more serious causes of the ailment, such as cancerous, fibrous and polypoid tumours, we very frequently meet with it arising

from a morbid condition of the uterus and ovaries, which, when properly recognized, are very successfully corrected. The most frequent lesion causing the uterine hæmorrhage, we find it to be an eroded condition of the mucous membrane of the uterus. This may exist, as we have already remarked, with or without a granular state of the *os uteri.*

The cause of this distressing form of menorrhagia may no doubt be sought for in some peculiar state of the general system unfavorable to the proper development of the periodic decidual membrane, and as a natural consequence the mucous membrane of the uterus assumes a disposition very similar to granular inflammation in other parts of the mucoid system. If this view be correct, our general treatment of such cases should be vigorously supported with direct local remedies. What can be more hopeless and discouraging, than to depend solely upon general measures in cases of *os uteri* ulceration, daily experience proves. The same argument is equally strong in the case of erosion in the ulceroid cavity, yet how many patients do we come across, who have been drenched with medicine for months and years, who may ask in despair, Must this miserable state haunt them their life-long existence? Happily, experience urges us to answer in the negative. Where patient local perseverance in judicious local treatment is adopted, in conjunction with general restorative remedies, the physician's effort's will rarely disappoint him in this class of ailments. He will almost invariably be rewarded with the high satisfaction of being the instrument of extinguishing a vast amount of female suffering and misery.

Paper IV.—Os Uteri Ulceration.

Case.—History. Miss G——; aged 30 years; seamstress; tall, spare frame; dark complexion.

March 18, 1868. Patient states that she has suffered pain from leucorrhœa discharge, with accompanying discomforts of heat, scalding, and external excoriation for two years, and has been under treatment nearly all that time, without any benefit

—rather the reverse. She had some liquid painted over the womb, which did not cause her any uneasiness. She has also taken a quantity of medicine. She complains of general weakness, languor, and impaired appetite; feels very nervous, and is easily excited; her catamenial periods are regular, with an augmented overflow, continuing from five to seven days.

Speculum examination reveals considerable hypertrophy and fungoid; ulceration of both lips of the *os uteri; cervix* slightly dilated, and, like the *os*, of a deep, red, angry appearance, bathed in a muco-purulent sensation, streaked with blood. The walls of the vagina are considerably inflamed and tender. The sound does not indicate any abnormality in the uterine cavity.

Treatment.—The uterus injected with two grains of *Nitrate of Silver*, dissolved in half an ounce each of glycerine and water. The *os* and *cervix uteri* freely cauterized with solid *Chloride of Zinc*. The vagina to be injected twice a day with the *Nitrate of Silver* solution already mentioned; also a piece of lint with a piece of tape attached, soaked in the same liquid, and introduced into the vagina after each injection. To take a course of iron with *Bromide of Potassium* in a bitter infusion, and a nutritious diet.

Remarks.—Four applications of the *Chloride of Zinc*, produce healthy granulations of the *os uteri*, which cicatrize eight weeks after the first application. The *Nitrate of Silver* injection and lint plug were used daily during that period, when the vaginal walls assumed their natural aspect, and her general health simultaneously improved—the discontinuance of the irritating discharge from the vagina very materially increasing her general comfort. As a more bracing tonic, *Strychnia* was now substituted for the *Bromide of Potassium*, in conjunction with *Quinine* and *Iron*.

In the treatment of *os uteri* disease, *Caustic Potass.* was for a long time quite a favorite application with some of our leading obstetric practitioners, who frequently used it extravagantly

in hypertrophied *os uteri.* Experience has shown, however carefully this caustic is applied and counteracted, when the desired cauterization has been effected, its rapidly deliquescent nature renders it exceedingly liable to spread over a portion of the vaginal walls, frequently terminating in adhesion of the *os uteri* to one side or the other, and proving a tedious obstacle in subsequent pregnancies. *Chloride of Zinc* is a much more manageable agent, when prepared in suitable sized sticks. It is much less deliquescent, and equally effective in fungoid ulceration, and the reduction of hypertrophied *os uteri.* At the same time it possesses the advantages of producing a sore which heals more kindly.

In simple ulceration, the *Acid, Nitrate of Mercury*, or *Carbolic Acid*, are to be preferred. When properly applied, they do not cauterize deeply, and heal quickly. Lint, soaked in a weak solution of *Nitrate of Silver* or *Carbolic Acid*, and introduced into the vagina after it has been injected with a mild astringent solution, materially adds to the patient's comfort by keeping the irritated sides apart, and at the same time facilitates the reproduction of healthy epithelium.

Paper V.—Leucorrhœa.

Case.—History. Mrs. M——; aged 25 years; spare frame and fair complexion. March 26th, 1868. States that she has been married over two years; has not been pregnant. Prior to her marriage she enjoyed excellent health; had regular catamenias without leucorrhœa. About six months after her marriage, a white discharge appeared and gradually increased in quantity, by and by becoming continuous, causing her great discomfort, scalding, excoriation, etc. When her general health became affected she applied to a physician; had medicines and a vaginal injector prescribed, which she used for some time without benefit.

Speculum shows the *os uteri* to be of normal size and free of abrasion; *cervix* plugged with an albuminous secretion, vagina and labia of a deep red color, excoriated and extremely sen-

sitive; uterine sound, with considerable difficulty; uterus of normal size, but very sensitive; sound coated with albumenial secretion.

TREATMENT.—The day after the cessation of her catamenial period, a small sponge tent was introduced into the *cervix uteri* to dilate it sufficiently to admit a syringe freely, when the uterus and vagina were freely injected with tepid water, and followed with an injection of two grains of *Nitrate of Silver*, dissolved in half an ounce each of glycerine and water. This induced smart uterine pains for about two hours, when it ceased. The vagina was injected daily with tepid water, and a pessary introduced containing two grains of *Oxyde of Zinc*. She was ordered *Quinine* and *Iron* with *Phosphoric Acid* in a bitter infusion. The uterine injection was not repeated, the pessaries were continued for two weeks, when the leucorrhœa discharge was much less. A weak alum solution was now injected daily and continued until the 2nd of May, when she reported herself quite well.

REMARKS.—Independent of uterine tumors, and carcinoma or ulceration of the *os* and *cervix uteri*, we frequently meet with leucorrhœa of a troublesome and distressing nature. This morbid secretion may arise from chronic congestion of the ovaries, or the lining coats of the uterus, or an inflammatory condition of the mucous membrane of the vagina or labia; and in advanced or neglected cases we find congestion giving place to granulations. Causes like these, singly or combined, are of very frequent occurrence. I have already remarked that the uterine cavity was only once injected with *Nitrate of Silver* in this coat, in the belief that the mucous coat was only congested. Where this has advanced to excessive exfoliation and granulation, we invariably have augmented catamenial flow with increased general distress. In such cases it is found necessary to repeat the injections, and, in some instances, to augment their strength, to reduce the granular points, and induce the formation of healthy membrane. From whatever lesion leucorrhœa springs, its

source must be recognized through the medium of the speculum, or sound, which are indispensable guides in our search for the seat of mischief, to enable us to form a correct diagnosis upon which to assure the basis of disease, by clearing away the *debris* before we commence to rear the superstructure of rational treatment. Ignoring or neglecting this, and depending upon general measures alone, is the most forlorn task the obstetric practitioner can encounter.

Paper VI.—Case of Albuminuria, treated with Nitrite of Urea.

History.—Dr. W—— desired me to visit Mrs. ——, in consultation with him on the 2nd of June ult., whose history was as follows:

Mrs. H——; aged 29; carpenter's wife; tall, nervous and cachectic; mother of four children, the youngest 18 months old. She states that fifteen weeks ago she was seized with severe pain in the lower part of her back, and became very ill, when she called a physician, who told her she was suffering from an attack of intermitting fever; and subsequently, that the severe persisting pain in the back was the result of rheumatism. Her feet soon began to swell, which extended to her legs, thighs and body. Her breathing became embarrassed, compelling her to be supported upright in bed. She became so weak that she required to be lifted from side to side in bed. About four weeks after the onset of her illness, an abscess broke over the pained part in the lower region of her back, and discharged a large quantity of matter. It has continued alternately to heal, re-form and discharge, ever since. The swelling in her chest has diminished of late, but her thighs, legs and feet continue the same.

A short time ago her medical attendant brought another physician to see her in consultation. Immediately after this, her husband solicited Dr. W—— to attend her.

Symptoms.—Pulse weak, 85; integument over throat œdematous; lungs normal; heart's action slightly accelerated, otherwise normal; abdomen distended; umbilical region dull on percussion; iliac tympanitis, thighs, legs and feet œdematous, pitting deeply on pressure; circumference of left leg fifteen and a half inches—right one sixteen inches. She sleeps a great deal; does not have headache; tongue clean; appetite impaired; bowels regular; urine scanty, pale and turbid, of strong acid reaction; sp. gr. 10.05, and forms an albuminous mass, with heat and nitric acid; shows an abundance of tube casts; her catamenia has not appeared since her illness began; no pregnant signs. There is an abscess discharging over lower lumbar spine; no carious vertibræ.

Treatment.—A piece of India rubber drainage tube was introduced into the immediate vicinity of the abscess, when a large quantity of serum, tinged with blood, flowed. She was ordered wine and a suitable nourishing diet, with the following medicine:

℞.	*Urea Nitrite* .	℈iv.
	Potass. Acetat. .	ʒij.
	" *Bicarb.* .	ʒiv.
	Tinct. Digitalis .	ʒiv.
	Decoct. Uvæ. Ursi .	℥xx.

M. Capt. coch. magna. et ter. in die.

℞. *Elixir. Valer. Ammon. et Quina* ʒij. *bis die sumenda.*

July 4th. Patient's general condition considerably improved; urine more abundant, less cloudy, only slightly acid; sp. gr. as before; increased cloudiness, with heat, moderate coagulation, and nitric acid.

July 9th. Patient able to move without assistance, and sit up with comfort; appetite improved, sleeps well, and expresses herself as much better; pulse stronger and less accelerated; urine clear, neutral, and quite free from albumen; œdema in the extremities much less.

Discontinue Mixture to have *Potass. Bitart.* 3j. three times a day, with bitter tonics and nourishing regimen.

Remarks.—This a good example of a case of albuminuria resulting from acute nephritis. The most remarkable feature was the entire disappearance of albumen from the urine. In the course of three weeks after treatment with *Nitrite of Urea* was commenced, five grain doses induced slight nausea. After ten days the dose was reduced to three grains, and the *Potass.* withdrawn. When the urine became normal, *Bitartrate of Potass.* was prescribed to redeem the remaining œdema of the lower extremities.

When *Bitartrate of Potass.* can be procured pure, it is certainly one of the best diuretics we possess. In full doses is apt to excite, in some irritable mucoid diathesis, undue action of the alimentary canal. This, in turn, may be regulated with the addition of gallic acid, or some other astringent. The case continues under treatment. Should any novel feature arise, it may be referred to again.

CORRESPONDENCE.

Paris, Ill., *March 23rd*, 1868.

To the Editor of the Chicago Medical Journal:

In looking over your Journal of the 1st of March, 1868, my attention was arrested by the novelty of a short article on page 176, from the pen of W. Anderson, M.D., of Leroy, Ill. The article is short, and as I desire to notice it somewhat in detail, I shall beg leave to introduce it entire before making my comments. Its caption is, *Report of a Case of Instrumental Delivery.*

"January 23rd, 1868, I was called, in consultation with Dr. D., to attend a lady, aged 36, who had given birth

to seven children. Dr. D. informed me that when he was called in, labor had progressed for twelve hours, the membranes being ruptured and the amniotic fluid having escaped. It was a shoulder presentation, with the head in the left acetabulum, the left arm protruding from the vagina and very much swollen, so that the insertion of the hand into the uterus was impossible, while the force of the uterus was so great as to prevent the adjustment of the fœtus by bringing the head into the pelvis. The arm could not be replaced, and we decided amputation unavoidable. After performing which at the shoulder, the feet were brought down with some difficulty, thus saving any further mutilation of the infant, which, however, we knew to be dead before the operation. The knowledge of its death had no influence on our action, and had it been alive, it would have been born alive, in all probability, with one arm. Can some sage practitioner suggest a method of procedure by which such a danger may be avoided?"

Now, Mr. Editor, while I do not claim to be a sage practitioner, I do claim, in behalf of the profession I am trying to represent, that such cases of so-called instrumental delivery ought to be few and far between. Dr. Anderson fails to inform us as to how long the lady had been in labor, or as to how long the waters had been evacuated at the time of the operation. He says Dr. D. told him she had been in labor twelve hours when he was called in, and that the membranes were ruptured. But as to what time elapsed between the evacuation of the waters and the arrival of Dr. D., and from that time to the time of the performance of the notable operation, we are left wholly in the dark. Nor does he give us any clue to the physical condition of the patient, further than to state that the force of the uterus was so great as to prevent an adjustment of the fœtus by bringing the head into the pelvis. We may then, I think, reasonably infer that several hours had elapsed between the evacuation of the waters and the arrival of Dr. Anderson; in which case we are quite sure no intelligent physician of any practical experience whatever would have ever thought of correcting the presentation by bringing down the child's head? What then? Would he have gone to work to replace the arm? I trow not, and why? Because

at that time it was impracticable, and, if practicable, wholly unnecessary. What then? Would he have decided as did Dr. Anderson and Dr. D., that because the uterine contractions were so forcible as to preclude the possibility of the immediate introduction of his hand into the womb. That, therefore, the amputation of the child's arm was unavoidable. With all due respect for Dr. Anderson and Dr. D., we answer No. What then?

This question brings us to the solution of the sage problem propounded by Dr. Anderson—the method of procedure. We think, in the first place, that the intelligent and experienced physician would have taken measures to stop the violent contractions of the uterus referred to by the Doctor. First by the exhibition of a full dose of *Opium* or *Laudanum*, and if it need be, *Antimony;* or if the patient were strong and vigorous, venesection, followed by the *Opium* or *Laudanum*, and nauseating doses of *Antimony;* but, on the contrary, if the patient were feeble and exhausted, the *Opium* alone would have sufficed. After quieting the pains and allowing the patient to rest for some time, he would have put her (or, at least should), under the full influence of *Chloroform.* The preparatory treatment being thus completed, he would have next proceeded—not to amputate the childs arm, Oh no! certainly not—but to have carefully pushed its shoulder up, and slowly and cautiously introduced his hand by the side of the child's arm, using it for a guide into the uterus, and after finding one or both feet, to have brought them slowly down in accordance with the rules so plainly laid down in our standard text-books; after which the labor is to be completed as in any other footling case.

Of course the practitioner is to use proper discretion in the use of the remedies referred to, taking into consideration the peculiar conditions, surroundings, and, as he can ascertain, the idiosyncracies of each individual case, and govern himself accordingly. But it may be asked by Dr. Anderson and perhaps others, why use *Chloroform* after the pains have been stopped, and the patient's system relaxed by other remedies.

To this I would answer—first, for the same reason precisely that the surgeon would use it when he is going to perform what would otherwise be a painful operation. To prevent pain and to avoid the shock that would naturally follow so serious an operation, as turning would be under the circumstances above alluded to. And, secondly, because I have used it with great comfort to my patients and perfect satisfaction to myself in cases similar to the one in question.

I remember having been called upon to consult with a Dr. S., of Linton, Indiana, on the 10th of April, 1861. The case was as follows:

Mrs. Sperry; aged 30; the mother of five children; of medium size and somewhat robust constitution. On arriving, I was informed by Dr. S. that he had been in attendance on her for ten hours, and that the waters had been broken for six hours. It was a shoulder presentation—the head resting in the right iliac fossa, and not in the *acetabulum*, as in the case reported by Dr. Anderson. The left arm extruding through the vagina, the back of the child of course looking towards the abdomen of the mother. Upon making an examination I found, as did Dr. Anderson in his case, that the child's arm was very much swollen, and the uterus perfectly moulded around its body. The soft parts of the mother were dry and hot, and the uterine contractions so forcible as to utterly preclude the idea of the introduction of the hand into the uterus. Upon retiring to consult with the doctor, he informed me that child's arm had made its appearance in the vagina sometime before the breaking of the waters, and to use his own language, "he had put the d—d thing up a dozen times, and at the very next pain it came down again," a result so natural that I at once gave perfect credence to his statements on this point. After occupying himself with these manipulations for some time, the pains became so forcible as to render it impossible for him to *assist* (?) labor in this *way* any longer.

And what next, Mr. Editor, do you suppose he did? Amputate the child's arm? He did not do that either. He gave the poor unfortunate woman a pint of *Ergot Tea* (which,

luckily for her, I think was worthless). And what next? Why, he made gentle traction by the child's arm, as he said, to assist the pains in the delivery. Great God! what a fearful responsibility. After pulling and tugging at the child's arm and drenching the mother with *Ergot Tea* for full five hours, of course it (the child) was dead. The immaculate infant fell a victim to his unpardonable ignorance. I say unpardonable ignorance, for I do not think we ought to use soft terms in speaking of such reprehensible practice—a practice which, had the *Ergot* been of good quality, might have resulted in the rupture of the uterus, and consequently the death of the mother.

Now, Mr. Editor, I am happy to state that Dr. S. is not a graduate of Rush Medical College, but of Brush College. Its precise location I am unable to give. But that Dr. S. is a fair specimen of its alumni, there can be no doubt.

But to return to our case. After patiently hearing the Doctor's statements relative to his treatment of the patient, I suggested that we had better put her under the full influence of *Opium*, with the addition of a little *Antimony*, and let her rest for two or three hours. But at his wits' end, he readily assented, and the suggestion was acted on at once.

In a short time she was free from pain, and at the end of time above specified, I put her under the full influence of *Chloroform*. This being done, Dr. S., as previously agreed upon, proceeded to introduce his great rough hand (which had been amply developed in the college aforesaid), into the womb of the patient, while I kept her under the influence of *Chloroform*, and after some twenty or thirty minutes of fruitless research for the child's feet he gave up in despair, and requested me to exchange places with him, which I did. Upon introducing my hand, I succeeded in finding one of the child's knees, and, hooking my index finger into its flexure, I I slowly and cautiously drew it down according to the rules laid down in our text books, yet not without some considerable trouble, for the operation of turning under the circumstances is a perplexing, and sometimes a difficult one. This being

done, the delivery of course was easily effected, and within two weeks the mother was able to leave her bed.

We have three objects in view, Mr. Editor, in reporting this case. First, that your readers may see the analogy between it and the one reported by Dr. Anderson. Secondly, that they may become acquainted with the different modes by which uninformed medical men punish poor, confiding unoffending women, and by which they literally slaughter helpless and innocent children. And thirdly, to impress upon their minds the necessity of properly informing themselves that they may thereby avoid such reprehensible practice.

I am aware, Mr. Editor, that this is plain dealing, perhaps rather harsh. But, Sir, ought we not to cry aloud and spare not, while such practice is rife in our land? Are we, I say, for fear of wounding the feelings of our erring brethren, to let such practice go unrebuked, and especially so when the rules for avoiding it are so few, so plain, and so easy of access by every medical man? It is possible that a necessity for evisceration may occur in these cases; but that it is necessary under any circumstances, to amputate the child's arm, we think not.

A. J. Miller, M.D.

FOREIGN CORRESPONDENCE.

Berlin, *June 29th*, 1868.

To the Editor of the Chicago Medical Journal:

Dear Sir,—Since my last from Vienna, I have continued on my tour through Prague and Leipsic to Berlin, and can not refrain from mentioning to you a few of the many objects of scientific worth I was fortunate enough to meet with. Among many men of reputation, I had the pleasure of an introduction to Prof. Henry, of Vienna, and Prof. Ludwig, of Leipsic. Both gentlemen are physiologists of rank, and have constructed apparatuses for injection; rendering the delicate

operation of filling fine capillaries easy, and practicable for all. As long as this was performed by the hand and syringe, it was very difficult to obtain good specimens; for, unless particularly skillful, (as, for instance, Prof. Thiersch, of Leipsic), the pressure was not constant, now stronger, now weaker, when too strong, causing extravasation; when too weak, plugging the beginning of the capillary. The two physiologists above mentioned, experiencing the necessity of something more reliable than the untutored hand, constructed apparatuses by means of which fluids are propelled through the vessels by the constant pressure of a column of mercury of a determined height. The credit of the discovery belongs to to Ludwig; that of the best improvement to Hering. The apparatus of the former has this disadvantage—that, at the time of filling in the injecting mass, the mercury must be evacuated, and thus a considerable quantity of this expensive fluid is lost. Prof. Hering has arranged, by a number of globes and tubes, to make repeated use of the same column of mercury, not a particle being wasted. The apparatus, though apparently complicated, is very simple and ingenious. Both gentlemen, with the characteristic kindness of *German Professors*, allowed us to make use of their apparatus under their guidance.

There is an animated controversy amongst German oculists in regard to the superiority of the extracting of cataracts by section through the *cornea* or the *sclerotic*. Prof. Hasner, of Prague is the strongest advocate for the corneal wound; Prof. Knapp one of the vindicators of the scleral. As, in the course of our trip, we stopped at Prague, the two gentlemen met and concluded to operate according to their several opinions in order to discuss the subject, and, if possible, throw some light upon it. Prof. Knapp performed the operation with his accustomed skill, the cataract-knife of Von Graefe being used; the lens was delivered with ease by simultaneous pressure on the posterior lip of the wound with one spoon, and on the lower part of the corner with another. Prof. Hasner, who, until then had denied the possibility of making a linear wound,

acknowledged this one to be perfectly so, there being no height of flap. The Professor had operated on a case previously by the usual flap operation, and, according to his method, performed the puncture of the hyaloïdea after the escape of the lens. Both patients could distinguish objects after the operations, so that by this operative demonstration nothing was gained, but the possibility of exact execution of both methods; which, of the two, merits our preference, can only be deduced from ultimate statistical results. Most German oculists have abandoned the flap operation for the new method, and all who have tried the latter on a larger scale, so as to acquire skill in performing it, are enthusiastic in its praise, asserting that the results are decidedly better than those of any other method. The puncture of the hyaloid membrane, as performed by Prof. Hasner, causes a small portion of the vitreous to flow into the anterior chamber, and constitutes his modification of the flap operation. According to his views, it has the advantage of removing remaining portions of the lens and capsule from the centre of the pupil. He claims to obtain a much clearer pupillary field than if remnants of the lens and capsule were allowed to remain. In the operation above mentioned, the vitreous filled the anterior chamber after the puncture had been made, the iris thus becoming removed from the cornea, and the pupillary field becoming clear. No vitreous escaped from the corneal wound. Prof. Hasner then showed us a number of cases which had been operated according to his method. In two, the pupils were as clear as if the capsule had been extracted with the lens. On further examination, we found some patients with coloboma of the iris, consequent to prolapsus iridis after the operation; in others, pupillary membranes, more or less dense (pseudoplastic membranes from iritis) were present; and, in one case, suppurative iritis threatened to destroy the eye entirely. These accidents can not be ascribed to the puncture of the hyaloïdea, since they are consequences of the flap operation, not at all rare when the vitreous is left untouched. On the other hand, such perfect clearness of the pupil as we saw in the two cases first mentioned,

is only exceptionally met with when the puncture is not made. What would be the result of a combination of Hasner's method of puncture of the hyaloïdea with the modified linear operation, as performed by A. von Graefe ?

And now, before leaving the subject of Opthalmology, I must not forget Stellwag von Carion. He showed us a number of specimens, the most remarkable of which was a fungoid growth in the conjunctiva of a boy. After having been cauterized by another physician, this growth, primarily orbital, soon perforated the globe, and became intraocular. Prof. Stellwag recovered a portion of the orbital tumor. The remainder shrunk, and at the expiration of three years, there had been no recidive. Under the microscope the growth proved to be a granulation tumor. It shows how luxuriant granulations may stimulate a character of malignancy by undue irritative treatment.

Stellwag lays particular stress on the fact, that in the great majority of cases, convergent strabismus is due to hypermetropia, and says that the operation is ineffectual very often when convex glasses are not applied afterward, asserting that the squint will disappear, if this error of refraction be corrected by suitable convex glasses. The resort to these glasses he prefers deferring to the fifth year, and considers it inadequate after puberty. In the latter case, he first operates and then makes use of glasses, to insure the permanency of the result. The ophthalmologists of Germany prefer the latter method in all cases, both before and after puberty, and although he is supported in his views (Donders), it still remains a problem whether they will become generally accepted or not.

In his wards we were also fortunate enough to see a number of cases of soft cataract, in which he had performed a modified flap operation instead of the usual discission. It consists in making a short flap and small wound about one line anterior to the margin of the cornea, and thus extracting the nucleus of the opaque lens, whilst the soft, cortical substance is permitted to peel off. The greater portion can be evacuated afterward, and the remainder is dissolved in the

aqueous humor. He has not operated a sufficient number of cases to assert that it is preferable to the methods in use, but claims to have obtained favorable results. This procedure is no new one. It is the method of the so-called linear extraction, performed in England some years ago by Gibbon, Critchett and others; afterward in Germany by Von Graefe, and a number of German opthalmologists. The only difference is in the instrument employed—Stellwag making his incision with an ordinary cataract-knife, instead of the lance-knife. The indications, every manipulation during the operation, and the after-treatment, are identical. The operation, however, is not commendable, as the danger of anterior synechiæ, and its consequences (Glaucoma), is certainly increased, and, in many instances, must inevitably follow. This method has been almost completely abandoned in favor of discission, or extraction through the scleral border.

In Vienna, we took a high interest in the clinical and pathological anatomical demonstrations which Prof. Politzer, (one of the most renowned authorities in aural surgery), was kind enough to make during a whole week. His ingenious method of driving air into the tympanic cavity through the eustachian tube during the act of deglutition, I need only mention here, as it is well known throughout the medical world. On a large number of patients we were witnesses of its practical utility in furthering diagnosis, and as a therapeutic agent. Another excellent method of investigation, introduced by him, consists in determining the cause of deafness by means of a tuning-fork placed upon the middle of the cranium. Some patients, when subjected to this proceeding, affirm that they distinguish the sound better with the deaf ear; others, on the contrary, with the unaffected ear. According to Prof. Politzer, this is due to obstructions in the tympanic cavity and the external meatus, and to thickening of the tympanum itself; in this manner, the expansion of the undulations of sound to the air being more or less interrupted. When the tuning-fork is placed on the middle line of the cranium, the undulations are conducted through the cranial bones to the labyrinth, and

by the fenestra rotunda, and, perhaps, ovalis, to the tympanic cavity, the tympanum, external meatus, and air. If the tympanum be thickened, or if there be an obstacle in the cavity of the tympanum, or meatus auditorius externus, the undulations of sounds are transmitted to the air only in part, whilst in part they are reflected on the fenestra and bony walls of the labyrinth. This is confirmed by an artificial ear constructed by the Professor. The tympanic cavity, the ossicles, tympanum, external meatus, and the beginning of the labyrinth, are represented in it, and he varies the effect by means of a diaphragm (for the pathological thickening of the external parts of the ear), which he introduces into the meatus auditorius externus. I dwelt rather long on this subject because it is new, and highly important in the diagnosis of the cause of deafness, whether it lies in the labyrinth itself or external to it.

Prof. Politzer, among many other interesting pathological specimens, also kindly demonstrated diseases of the tympanum, different kinds of inflammatory products within the tympanic cavity, caries and purulent destruction of the bony parts of the organ of hearing, and their sad consequences; suppurative meningitis and thrombus of the cranial sinuses.

It would lead me too far to describe these specimens in detail, and I should owe your readers an apology for the minuteness with which I have entered into the above description, were it not that the interest and novelty of this method of diagnosticating diseases of the ear bears the excuse in itself.

Yours, truly,

SAM'L COLE, M.D.

FOUGERA'S COD-LIVER OIL.

DURING the past autumn and winter, a trial was made at the out-door department of Bellevue Hospital of the Iodinized Cod-Liver Oil, prepared by Mr. Fougera, of William street, with the view to ascertain whether or not this oil possessed any advantages over the ordinary uncombined cod-liver oils.

Before giving the results it is fair to say that no other kind of practice presents so few facilities for forming a decided opinion of the merits and efficacy of any medicine, as that of a dispensary. In a hospital the physician has the assurance that his directions in regard to the administration of the medicine will be faithfully carried out, and has moreover generally an opportunity of observing the result. In private practice also he has this latter advantage, though not always the former. In a dispensary practice he has neither. The medicine may or may not be properly administered. If the patient recovers, he generally thinks it unnecessary to come back to report his cure: if he thinks he is not improving, he will probably change to some other dispensary, and the case is lost. An opinion must be formed from the few cases that continue under treatment throughout the case, or by observing whether the patient had improved from visit to visit, though the cure was yet incomplete. The advantages claimed for Mr. Fougera's cod-liver oil, are that by reason of the addition of iodine, bromine, and phosphorus, it is more efficacious, and at the same time the stomach need not be disordered by an excessive amount of oil administered. This oil was given to about eighty patients, about thirty of whom were children, the remainder belonging chiefly to the department of chest diseases. Owing to the difficulties above mentioned, no statistical account of the result can be given; but the opinion of the physicians using it is nearly unanimous to this effect: that the oil is of decided medicinal value; that compared with ordinary cod-liver oil, it appears to take effect more rapidly; and that it obviates the very common necessity of adding extemporaneously to the oil, medicines containing iodine or iron, particularly the syrup of iodide of iron. In private practice, where the price of the article used is not of much importance, it would be worth while to give this preparation a trial.—*Medical Gazette.*

Bromide of Ammonium in Delirium Tremens.—Dr. J. B. FARES, of Romeo, Mich., says:

"I have recently had a case of delirium tremens which yielded promptly to the use of *Bromide of Ammonium*, in ten grain doses, every two hours. Quiet sleep secured after second dose, and calm sleep within twenty-four of the commencing dose. Patient had had two previous attacks within the past two years, neither of which yielded within seven or eight days. I have seen the *Bromide of Potassium* recommended in the difficulty, but believe the *Ammonium* (therapeutically considered) far superior to the *Potassium*, on account of the mild stimulant afforded by the *Ammonia*."

EDITORIAL.

News and Gossip.

Among the recently announced deaths from sun-stroke, is that of W. T. G. MORTON, the practical originator of anæsthesia for surgical purposes. Among those from chloroform is that of Gen. CHARLES G. HALPINE ("*Miles O'Reilly.*") An absurd and cruel rumor is going round the press that the chloroform was taken with suicidal intent. We are assured, by reliable authority, that this statement is entirely unfounded. Meanwhile the practice of mitigating the suffering of neuralgia by inhaling this dangerous fluid, is becoming alarmingly frequent. Popular attention should be directed to its danger.——A correspondent wishes to know what kind of *Pessary* we prefer in our practice. We decline to answer—let each be fully persuaded in his own mind. In a tolerable experience of over twenty years, we have never recommended any kind, but what we regretted it.——The Board of Regents in Michigan have on their hands an infinitesimal elephant, and no place to put him. One Charles J. Hempel has been appointed Professor of the Principles and Practice of Homœopathy in the Medical Department of the University, but the late decision of the Supreme Court leaves him without a platform to spout upon, and only the poor privilege of signing the medical diplomas. What *will* they do with him?——The Trustees of the *Illinois Hospital for the Insane*, at Jacksonville, have issued a pamphlet which thoroughly demolishes the crazy agitators who have so earnestly attacked its management. The public notions on the subject of sanity and insanity are exceedingly vague, and evidently need "reconstruction."——Chancellor Shackleford has decided that the appointment of Drs. Maddin, Callender, Nichol, Buchanan, Van S. Lindsey, and H. M. Compton to the chairs in the Medical College

at Nashville "was unauthorized and void;" that Drs. Jennings, Eve, and Jones are entitled to fill the several chairs in the college to which they have been respectively appointed. ——Professors Bartholow and Blackman, of Cincinnati, are having a heated controversy.——The *Cincinnati Repertory* is out in favor of free medical education. We expect in its next number it will "go in" for free medical attendance upon the sick. Each of these would be excellent, provided the butchers, grocers, *et alii*, would act likewise.——The *British Medical Journal* recommends in suspension of confirmed opium eating, large doses of *Phosphoric Acid* and *Lupulin*. Subsequently *Zinc*, *Iron* and *Quinine*.——A "good article" of sparkling champagne is now made from petroleum. ——It is stated that the venerable N. D. STEBBINS, M.D., of Detroit, is proposed by his friends for the chair of "Institutes of Medicine," in either the Ann Arbor or Detroit Colleges. It is urged that he is far in advance of the former, whilst he would act as a conservative force upon the Young America energy of the latter. From our knowledge of this excellently preserved specimen of the olden time, and our innate horror of the so-called Progress of these modern days, we cordially second his nomination. Liebig and Farraday; Claude Bernard and Virchow, Chambers and Flint, Agassiz, and all that *profanum vulgus* are "very tolerable and not to be endured." Let us go back to "first principles."——The Medical Department of Bowdoin College is to be removed from Brunswick to Portland.——Dr. Jacob Bigelow, of Boston, says that he has not been obliged to occupy his house or stay at home on account of any indisposition or malady whatever for the last half century. He attributes this exemption from disease to temperance, hard work, and ABSTINENCE FROM MEDICINE.

Periodicals Announced.

Half Year Compendium of Medical Science.—The July (second) number of this valuable synopsis of professional literature is now in press. $3.00 *per annum*. Subscribers will address Dr. S. W. Butler, 115 South Seventh street, Philadelphia.

Monthly Medical Reprint.—John Hillyer, 14 South William street, New York, proposes the publication of a monthly reprint of articles from the English, French and German medical press. $5.00 *per annum*.

London Lancet.—The English publishers announce a colonial and foreign edition of their weekly issue in their paper, unabridged, containing even

the local advertisements. $12.00 *per annum* (currency). Copyrighted articles by American writers are to be introduced. The object of this, of course, is to "kill off" the excellent and cheap (abridged) reprint by Wm. C. Herald, 32 Beekman street, New York, published at $5.00 *per annum*. Similar tactics were employed a number of years ago by the publishers of "Blackwood," and, if we remember rightly, succeeded in compelling the American republishers to divide the profits with them. We scarcely think that the foreign issue will achieve a success

College Courant—Yale.—Those of our friends wishing to keep up their acquaintance with college affairs—to revive old associations, and know of the whereabouts of old friends, will find about every thing necessary in this well conducted paper. Beyond this, it contains a large amount of entertaining and instructive reading, from some of the best writers in the country. It has recently been enlarged and improved. $4.00 *per annum*. Address—COLLEGE COURANT, New Haven, Conn.

Clippings from Correspondence.

Position in treatment of Sore Nipples.—A. S. V. MANSFELDE, M.D., of this city, in a communication to us upon this subject, says:

"It will be noticed that the ulcers caused by the pressure of the gums or teeth of the infant, cover not one-half at once, but the two opposite quarters of the nipple of each mammæ; that is owing to the '*position*' of the child while nursing. It lays in the arms of the mother, and is changed from the right to the left, while nursing upon the left or right breast. The infant, as you know, reposes upon the right side, when using the left pap. mam. Now, what I do and with the best result, is, simply directing the nurse to keep the child upon the same side when using the right breast. To accomplish this, I order a chair to be placed by the right side of the mother, covered with a pillow, high enough to reach to the nipple. Upon this the infant is placed, and nursing now, it will touch with its semi-circle of teeth or gums, the opposite two quarters of the nipple, thus giving chance for the remaining parts to heal. But changed in time none of them will ever get diseased, being cared for additionally as directed by authors upon this subject. Consequently our mothers will no longer suffer such agonizing pain, and the doctor will no longer be troubled with the cure of '*sore nipples.*'"

Pernicious Effects of the Bromide of Potassium.—Dr. N. TEAL, of Kendallville, Indiana, says:

"In your issue of July 1st inst., you ask for observations upon the '*pernicious* effects of the too long continued and excessive use of *Bromide of Potossium*,' and in compliance I beg leave to submit a single case:

"Mrs. ——, aged 70, was put upon—

℞. *Bromide of Potassium* . . . . ℥j.
Aq. Dist. . . . . . ℥ij.

M. S. One-half teaspoonful every six to eight hours daily.

"The above was continued for two weeks when the tongue, which had been much furred for several months previous, suddenly cleaned off and became quite sore. On examination I found the fauces and sides and roof of the mouth red and tender. Water taken into the mouth, if cold, gave pain, and when drank it 'hurt the stomach.' There was tenesmus and a smarting sensation after voiding the fæces. Judging from what I could see and hear of this case, I concluded the whole alimentary canal was more or less irritated, as I believe, from the continued use of the *Bromide*. Saw my patient a few days after she began to complain from the soreness of her mouth and tongue; discontinued the use of the *Bromide*, ordered emolient drinks, astringent gargles, etc. In a day or two the mouth and tongue were healed, and all went on well."